

*Library*

Urban District of Garforth



# ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(R. A. NAYLOR, C.R.S.H., M.A.P.H.I.)

**1959**

WAKEFIELD :

W. H. MILNES (SUCCRS.) LTD.



Urban District of Garforth



# ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the


Public Health Inspector

(R. A. NAYLOR, C.R.S.H., M.A.P.H.I.)

1959

WAKEFIELD :

W. H. MILNES (SUCCRS.) LTD.



Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29253809>

## GARFORTH URBAN DISTRICT COUNCIL

---

### **Chairman of the Council:**

Councillor A. A. Mathewman, J.P.

### **Vice-Chairman:**

Councillor E. Brownridge

### **Public Health Committee**

Chairman: Councillor E. Brownridge

Vice-Chairman: Councillor I. Spencer

Councillor T. Biscoomb

Councillor J. Kilburn, J.P.

Councillor S. Leigh

Councillor S. Oxtoby

Councillor A. Prince, B.E.M.

Councillor Mrs. E. Roberts

Councillor P. Wall

Councillor P. T. White

### **Medical Officer of Health:**

A. L. Taylor, M.D., D.P.H.

### **Public Health Inspector:**

R. A. Naylor, C.R.S.H., M.A.P.H.I.

### **Clerk of the Council:**

B. G. Taylor

## GARFORTH URBAN DISTRICT COUNCIL

## STATISTICAL MEMORANDA FOR 1959

Area in Acres	...	...	...	4,000
Registrar General's Estimate of Population for 1959				14,030
Number of Inhabited Houses, 1959, according to Rate Book	...	...	...	4,811
Rateable Value, Year commencing 1.4.59			...	£111,453
Net Product of Penny Rate, Year commencing 1.4.59				£421

## VITAL STATISTICS IN 1959

				M.	F.	Total
Live Births.						
Legitimate	...	...	...	119	100	219
Illegitimate	...	...	...	5	4	9
Total				124	104	228

Live Birth Rate per 1,000 population (corrected) 16·25

## Still Births.

Legitimate	...	...	...	2	3	5
Illegitimate	...	...	...	—	—	—
Total				2	3	5

Still Birth Rate per 1,000 live and still births 21·46

Birth Rate (live and still) per 1,000 of the estimated resident population (corrected) 16·61

## Deaths.

				M.	F.	Total
All Ages	...	...	...	88	65	153

Death Rate per 1,000 of the estimated resident population (corrected) ... 13·41



	M.	F.	Total
Deaths of Infants under 1 year ...	8	3	11
Death Rate of Infants under 1 year :—			
All Infants per 1,000 live births ...			48·24
Legitimate Infants per 1,000 legitimate live births ...			45·66
Illegitimate Infants per 1,000 illegitimate live births ..			111·1
Neo-natal Mortality Rate per 1,000 live births			39·47
Illegitimate live births per cent. of total live births			4·1
Deaths from Diarrhoea (under 2 years of age)			0
Rate per 1,000 population ...	...		0·0
Rate per 1,000 live births ...	...		0·0
Deaths from Measles (all ages) ...	...		0
Deaths from Whooping Cough (all ages) ...	...		0
Deaths from Cancer (all ages) ...	...		25·

#### Maternal Mortality.

Deaths ...	...	0
Rate per 1,000 (live and still) births	...	0·0

## RECORD OF DEATHS IN AGE GROUPS, 1959

Age				Males	Females	Total
Under 1 year	...			8	3	11
1—5 years	...	...		—	—	—
5—10	„	...	...	—	—	—
10—15	„	...	...	—	—	—
15—20	„	...	...	1	—	1
20—25	„	...	...	1	—	1
25—35	„	...	...	3	1	4
35—45	„	...	...	4	1	5
45—55	„	...	...	10	2	12
55—65	„	...	...	14	9	23
65—70	„	...	...	11	11	22
70—75	„	...	...	12	8	20
75—80	„	...	...	8	10	18
80—85	„	...	...	7	10	17
85—90	„	...	...	9	7	16
Over 90 years...	...			—	3	3
Totals				88	65	153



# PRINCIPAL VITAL STATISTICS FOR THE YEAR 1959

				Urban District of Garforth	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population	..	..	..	14,030	1,180,010	458,990	1 639 000	*
Births	{	Legitimate	..	219	18,241	7,822	26,063	*
		Illegitimate	..	9	707	274	981	*
		Total	..	228	18,948	8,096	27,044	*
Still Births	{	Legitimate	..	5	362	171	533	*
		Illegitimate	..	—	19	10	20	*
		Total	..	5	381	181	562	*
Total Live and Still Births				233	19,329	8,277	27,606	*
Deaths under one year	{	Legitimate	..	10	437	185	622	*
		Illegitimate	..	1	18	9	27	*
		Total	..	11	455	194	649	*
Deaths under 4 weeks	{	Legitimate	..	8	297	123	420	*
		Illegitimate	..	1	13	6	19	*
		Total	..	9	310	129	439	*
Deaths (all causes)				153	14,660	4,324	18,984	*
					CRUDE	RATES.		
Live Birth	..	..	.	16.3	16.1	17.6	16.5	16.5
Death (All causes)	..	..	..	10.9	12.4	9.4	11.6	11.6
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.				0.07	0.04	0.04	0.04	*
Tuberculosis, Respiratory				0.14	0.08	0.06	0.07	0.08
Tuberculosis, Other				—	0.01	0.02	0.01	0.01
Tuberculosis, All Forms				0.14	0.09	0.08	0.08	0.09
Cancer				1.78	2.12	1.65	1.90	2.14
Vascular lesions of Nervous system				1.92	1.96	1.43	1.81	*
Heart and Circulatory Disease				3.49	4.68	3.35	4.31	*
Respiratory Diseases				1.28	1.55	1.15	1.44	*
Maternal Mortality				—	0.41	0.24	0.36	0.38
Infant Mortality				48.2	24.0	24.0	24.0	22.0
Stillbirth				21.5	19.7	21.9	20.4	20.7

\* Figures not available.

All the Maternal mortality and still birth rates are per 1,000 live and still births.

## GARFORTH URBAN DISTRICT COUNCIL

## ANNUAL REPORT

OF THE

Medical Officer of Health,  
1959.

To the Chairman and Members of the  
Garforth Urban District Council.

Mr. Chairman, Madam and Gentlemen,

I have pleasure in presenting my Annual Report for 1959. In the main the picture it presents is good. There are, however, two factors which cannot be regarded with complete satisfaction. One is the Infantile Mortality Rate on which I shall comment in detail, and the second is the continued inadequacy of the water supply to certain parts of your area. This again will be the subject of comment later in the Report.

In the wider field of social welfare, the continued prosperity bestowed by full employment has ensured the material wellbeing of the vast majority of your population. In the narrower field of preventive medicine the year has been remarkable for the low incidence of Infectious Disease, for the continued comparatively high birth rate, and for the continuing improvement in housing circumstances.

The administration of the Public Health Services in your area has continued as before. During 1959, however, a new Mental Health Bill has been prepared and will come into operation in 1960. Mental Health has been increasingly to the fore in public concern and in this Report I propose to include a section giving some account of the shape of things to come.

My own work, and that of my professional and administrative staffs, has been made easier and pleasanter by the cordial relationships which have continued with all sections of central and local administration. The mutual interchange of information and the spirit of friendliness have continued to increase. One can claim without

exaggeration that there has been complete harmony and that the community has benefited by the increasingly close integration of all branches of the Health Services.

To yourselves I would express my personal appreciation of your kindnesses to me during the year which have given me encouragement and stimulation in the carrying out of the many and varied duties involved in my work.

I remain,

Madam and Gentlemen,

A. L. TAYLOR,

Medical Officer of Health.

## COMMENTS ON STATISTICAL DATA

The Infantile Mortality Rate is universally acknowledged to be of considerable importance. It is with regret, therefore, that I draw your attention to the fact that 11 deaths occurred in the first year of life, almost all of them in the neo-natal period. Analysis of the circumstances and causes shows that all the neo-natal deaths occurred in Hospital, and that the vast majority were associated with congenital abnormalities or with extreme prematurity. The Infantile Death Rate of 48 compares very unfavourably with last year's exceptional figure of 12.76. As I have stated many times before, in a small population a few additional deaths cause a very great increase in the recorded Infantile Mortality Rate. However, a glance at the table will show that, in spite of this setback, the average for the last decade shows a continued fall in comparison with previous similar periods.

The Birth Rate at 16.61 continues fairly high, though there is a slight diminution on last year's specially high figure.

The District Death Rate is about average for the country as a whole and can be considered satisfactory. People are living healthily to a much more advanced age than was formerly the case and the vast bulk of deaths now occur in the older age groups from degenerative conditions such as cancer, stroke, or other cardio-vascular conditions.



Only two deaths from Lung cancer were recorded during 1959, both males. This is a very satisfactory improvement on last year's figure of 4 deaths. I am still of the convinced opinion that excessive smoking and lung cancer are associated. Informed opinion has hardened during the year and there is unanimity in medical circles as to the association between smoking and lung cancer.

Once again no maternal death occurred in your District during the year.

Tuberculosis is, I am convinced, a vanishing disease and I feel that the next decade, unless unforeseen social circumstances arise, will see its virtual disappearance as a factor of significance. Later in the Report I will give a more detailed account of its incidence in your Area.

To conclude this section, apart from the unsatisfactory Infantile Mortality Rate there is every reason for satisfaction with the statistical records of health and disease in your area.

# CAUSES OF DEATH IN THE GARFORTH URBAN DISTRICT

CAUSE OF DEATH				MALES.	FEMALES.
All Causes .. .. .				88	65
1.	Tuberculosis, respiratory	..	..	1	1
2.	Tuberculosis, other	..	..	..	..
3.	Syphilitic disease ..	..	..	1	..
4.	Diphtheria ..	..	..	..	..
5.	Whooping Cough ..	..	..	..	..
6.	Meningococcal infections	..	..	..	..
7.	Acute Poliomyelitis	..	..	..	..
8.	Measles ..	..	..	..	..
9.	Other infective and parasitic diseases	..	..	..	..
10.	Malignant neoplasm, stomach	..	..	1	1
11.	Malignant neoplasm, lung, bronchus	..	..	2	..
12.	Malignant neoplasm, breast ..	..	..	..	2
13.	Malignant neoplasm, uterus ..	..	..	..	..
14.	Other malignant and lymphatic neoplasms	..	..	12	7
15.	Leukaemia, aleukaemia ..	..	..	..	..
16.	Diabetes ..	..	..	1	2
17.	Vascular lesions of nervous system	..	..	14	13
18.	Coronary disease, angina ..	..	..	16	13
19.	Hypertension with heart disease	..	..	..	..
20.	Other heart disease ..	..	..	5	6
21.	Other circulatory disease ..	..	..	6	3
22.	Influenza ..	..	..	2	1
23.	Pneumonia ..	..	..	3	2
24.	Bronchitis ..	..	..	5	2
25.	Other diseases of the respiratory system	..	..	3	..
26.	Ulcer of stomach and duodenum	..	..	1	..
27.	Gastritis, enteritis and diarrhoea	..	..	..	..
28.	Nephritis and nephrosis ..	..	..	..	..
29.	Hyperplasia of prostate ..	..	..	1	..
30.	Pregnancy, childbirth, abortion	..	..	..	..
31.	Congenital malformations ..	..	..	2	..
32.	Other defined and ill-defined diseases	..	..	7	10
33.	Motor vehicle accidents ..	..	..	2	..
34.	All other accidents ..	..	..	2	2
35.	Suicide ..	..	..	1	..
36.	Homicide and operations of war	..	..	..	..
Live Births.	Total	..	..	124	104
	Legitimate	..	..	119	100
	Illegitimate	..	..	5	4
Still-Births.	Total	..	..	2	3
	Legitimate	..	..	2	3
	Illegitimate	..	..	..	..
Deaths of Infants under 1 year of age.	Total	..	..	8	3
	Legitimate	..	..	7	3
	Illegitimate	..	..	1	..
Population .. .. .				14,030	
Comparability Factors :--					
Births .. .. .				1'00	
Deaths .. .. .				1'23	

# INFANTILE MORTALITY IN 1959

## Deaths from Stated Causes under One Year of Age

CAUSES OF DEATH.		Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Extreme Prematurity	..	3	-	-	-	3	-	-	-	-	3
Broncho-pneumonia	..	-	-	-	-	0	-	-	1	1	2
Atelectasis											
Prematurity	.. ..	2	-	-	-	2	-	-	-	-	2
Hydrocephalus	}	1	-	-	-	1	-	-	-	-	1
Spina Bifida											
Cerebral haemorrhage	..	1	-	-	-	1	-	-	-	-	1
Lumbar meningomyelocele		-	1	-	-	1	-	-	-	-	1
Haemorrhagic pneumonia											
Prematurity	.. ..	1	-	-	-	1	-	-	-	-	1
Totals	..	8	1	0	0	9	-	-	1	1	11



# INFANT DEATHS PER THOUSAND LIVE BIRTHS

1920—1929	1930—1939	1940—1949	1950—1959
Not Available	1930 N.A.	1940 47·9	1950 15·0
	1931 76·9	1941 77·2	1951 46·9
	1932 N.A.	1942 38·6	1952 31·9
	1933 150·9	1943 42·7	1953 11·3
	1934 134·6	1944 36·1	1954 44·3
	1935 34·5	1945 22·1	1955 48·3
1926 51·2	1936 81·6	1946 20·0	1956 24·3
1927 57·6	1937 74·6	1947 31·0	1957 19·5
1928 64·5	1938 35·7	1948 36·0	1958 12·6
1929 56·6	1939 46·5	1949 30·1	1959 48·2
Average— 57·5	Average— 79·4	Average— 38·2	Average— 30·2

## Details of STILLBIRTHS for the past five years

Year	No. of Live Births	No. of Still- Births	Proportion of Stillbirths per 100 Live Births
1955	207	4	2·4
1956	206	7	3·4
1957	257	9	3·5
1958	235	3	1·3
1959	228	5	2·2

## Details of NEO-NATAL DEATHS for the past five years

Year	No. of Live Births	No. of Neo- Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1955	207	9	4·3
1956	206	3	1·5
1957	257	4	1·6
1958	235	2	0·9
1959	228	9	3·9

## GENERAL PROVISION OF THE PREVENTIVE MEDICAL SERVICES IN THE AREA

The pattern has continued as before. Garforth is included with two neighbouring Urban Districts in a County Council Public Health Division with a total population of round about 60,000. The Service is staffed medically by myself as Divisional Medical Officer, together with one Deputy Divisional Medical Officer and one Assistant County Medical Officer. As Divisional Medical Officer I am responsible for the day-to-day administration of all the Public Health Services in your area other than the Ambulance and School Dental Services. The clerical staff of 9 has coped adequately with an ever increasing volume of work and I should like to take this opportunity of paying tribute to their diligence and efficiency.

The relationship between the Divisional Office staffs and those of the Education Departments and the staffs of the District Authorities have been consistently good. I would repeat my view that the existing scheme is a good one and that the size of the unit is ideal to ensure the personal attention which is so necessary for real success in this type of work.

In addition to the medical and clerical staff quoted above, the services of the following personnel have been available to the Health Division during the year. 10 Health Visitors, 10 Home Nurses, 7 Domiciliary Midwives, one part time Ophthalmologist, one part time Consultant Paediatrician, one part time Speech Therapist, and one half-time Mental Health Social Worker. Garforth children and expectant mothers needing Dental Treatment can attend at the Castleford Clinic which is excellently staffed and equipped.

## SCHOOL MEDICAL SERVICE

The School Medical Service has been working to capacity and it is possible to say that vaccination against poliomyelitis has been brought up to date and is now needed only for babies and very young children. Of this I will say more anon.

I will include the usual tables which give some idea of the enormous amount of work carried on in the Division, and draw your attention to the satisfactory state of health among school children revealed by these records. This is maintained by constant application and reflects the now firmly held view that prevention is better than cure. Conditions at one time prevalent no longer exist. One no longer sees impetigo, chronic ear disease, ringworm and head infestation except as rare phenomena. The general standard of physique in school children continues to improve and orthopaedic defects have become rarities. One is inclined to forget the conditions which existed 20 or 30 years ago and which were familiar to me then in my work. It is salutary to recall conditions which were once commonplace and to reflect on the enormous advances which have taken place in social and physical wellbeing amongst our school population.

Hygiene and nutritional standards are of the highest, almost without exception.

The Ophthalmic service is functioning well and there is no waiting list.

The same can be said of the Ear, Nose and Throat Service which has functioned well throughout the year.

I should like to place on record my appreciation of the work carried out by Dr. Bowker and Dr. Dick in the school medical service. Both exhibit a real and personal interest in the problems which arise and have established themselves firmly in the regard of the Educational staffs and parents of the schools which they visit.

Tribute is also due to the Divisional Education Officers and their staffs for the many kindnesses which they have shown us during the year. For our part we try to ensure that our necessary work in the schools interferes as little as possible with the educational curriculum. Relationships with Head Teachers and staffs have remained consistently good.

To sum up. I feel that the School Medical Service in your area is functioning efficiently and that no major improvement is needed or, indeed, is possible.



SCHOOL MEDICAL SERVICE

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER,  
1959

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by years of birth)	No. of Pupils inspected	Physical condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1955 and later	123	123	100	—	—
1954	507	506	99·8	1	·2
1953	167	167	100	—	—
1952	287	286	99·65	1	·35
1951	118	115	97·46	3	2·54
1950	18	18	100	—	—
1949	506	502	99·21	4	·79
1948	129	129	100	—	—
1947	15	15	100	—	—
1946	1	1	100	—	—
1945	137	136	99·27	1	·73
1944 and earlier	340	336	98·82	4	1·18
Total	2,348	2,334	99·4	14	·6

**PUPILS FOUND TO REQUIRE TREATMENT AT  
PERIODIC MEDICAL INSPECTIONS  
(Excluding Dental Diseases and Infestation  
with Vermin)**

Age Groups Inspected (by year of birth)	For Defective Vision (exclu- ding squint).	For any of the other conditions recorded	Total individual pupils
1955 and later ...	1	15	15
1954 ...	7	71	77
1953 ...	8	23	30
1952 ...	14	42	54
1951 ...	6	24	28
1950 ...	—	4	4
1949 ...	31	74	108
1948 ...	9	8	17
1947 ...	2	—	2
1946 ...	1	—	1
1945 ...	11	38	47
1944 and earlier ...	25	63	85
Total ...	115	362	468

**OTHER INSPECTIONS**

Number of Special Inspections ... 19

Number of Re-inspections ... 58

77

**INFESTATION WITH VERMIN**

Total number of individual examinations of pupils in  
schools by school nurses or other authorised persons 20,622

Total number of individual pupils found to be infested 172

Number of individual pupils in respect of whom  
cleansing orders were issued. (Section 54 (3), Educa-  
tion Act, 1944) ... Nil

**DEFECTS FOUND BY MEDICAL INSPECTION DURING  
THE YEAR 1959  
PERIODIC INSPECTIONS**

Defect or Disease.	PERIODIC INSPECTIONS							
	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin ... ..	12	—	23	2	42	10	77	12
Eyes—a. Vision ...	14	4	26	5	75	58	115	67
b. Squint ...	10	4	1	1	14	10	25	15
c. Other ...	3	—	—	—	7	4	10	4
Ears—a. Hearing ...	4	—	7	—	15	7	26	7
b. Otitis Media	17	—	6	—	17	—	40	—
c. Other ..	—	—	1	—	4	2	5	2
Nose and Throat ...	11	3	5	—	22	4	38	7
Speech ... ..	7	4	—	—	12	1	19	5
Lymphatic Glands ...	2	4	—	—	—	1	2	5
Heart ... ..	2	4	3	5	2	18	7	27
Lungs ... ..	5	2	1	—	16	4	22	6
Developmental—								
a. Hernia ...	1	—	—	—	2	—	3	—
b. Other ..	—	—	—	—	3	6	3	6
Orthopaedic—								
a. Posture ...	3	—	4	—	27	1	34	1
b. Feet ..	3	1	6	—	4	3	13	4
c. Other ...	6	—	5	1	6	3	17	4
Nervous System—								
a. Epilepsy ...	—	1	—	1	—	1	—	3
b. Other ...	3	—	1	—	2	2	6	2
Psychological—								
a. Development	—	—	—	—	5	2	5	2
b. Stability ..	8	1	1	3	12	3	21	7
Abdomen ... ..	2	—	—	—	2	—	4	—
Other ... ..	3	—	2	—	4	8	9	8



## SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin ...	1	—
Eyes—		
a. Vision ...	2	—
b. Squint ...	1	—
c. Other ...	—	—
Ears—		
a. Hearing ...	3	—
b. Otitis Media ...	3	—
c. Other ...	—	—
Nose and Throat ...	2	—
Speech ...	2	—
Lymphatic Glands ...	—	—
Heart ...	—	—
Lungs ...	2	—
Developmental—		
a. Hernia ...	—	—
b. Other ...	—	—
Orthopaedic—		
a. Posture ...	—	—
b. Feet ...	—	—
c. Other ...	—	—
Nervous System—		
a. Epilepsy ...	—	—
b. Other ...	—	—
Psychological—		
a. Development ...	—	—
b. Stability ...	—	—
Abdomen ...	—	—
Other ...	—	—

**TREATMENT OF PUPILS ATTENDING MAINTAINED  
AND ASSISTED PRIMARY AND SECONDARY  
SCHOOLS (INCLUDING NURSERY AND SPECIAL  
SCHOOLS)**

**EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	2
Errors of Refraction (including squint) ...	520
Total ...	522
Number of pupils for whom spectacles were prescribed ...	457

**DISEASES AND DEFECTS OF EAR, NOSE AND  
THROAT**

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear ...	4
(b) for adenoids and chronic tonsillitis ...	17
(c) for other nose and throat conditions ...	—
Received other forms of treat- ment ...	—
Total ...	21
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959 ...	4
(b) in previous years ...	5

## ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been dealt with
Pupils treated at clinics or out- patients departments ...	4
Pupils treated at school for postural defects ...	—
Total ...	4

## DISEASES OF THE SKIN (Excluding uncleanliness)

	Number of cases known to have been treated
Ringworm— (a) Scalp ...	—
(b) Body ...	2
Scabies ...	—
Impetigo ...	11
Other skin diseases ...	1
Total ...	14

## CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guid- ance Clinics ...	7

## SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech thera- pists ...	60

### OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments ...	10
Pupils who received convalescent treatment under School Health Service arrangements	4
Pupils who received B.C.G. vaccination ...	271
Other than above—	
U.V.R. Treatment ...	32

### CONSULTANT E.N.T. SERVICE

No Consultant E.N.T. Clinic held during 1959

### PAEDIATRIC SERVICE

#### Consultant Clinics.

Number of sessions held during the year ... 11

	Pre-school children	School children
Number of individual patients seen :—		
(a) new cases ...	9	18
(b) cases attending from previous year(s) ...	4	28
Total number of attendances at clinics ...	26	83

## CONSULTANT ORTHOPAEDIC SERVICE

### Consultant Clinic.

Number of sessions held during the year    10    (Shared with Div. 13)

	Pre-school children	School children
No. of individual patients seen by Consultant, including those continuing attendance from previous year ... ..	—	6
No. of individual patients referred for opera- tive treatment as short-stay cases only ...	—	1
Recommended long-stay hospital school ...	—	—
Recommended treatment by orthopaedic nurse or physiotherapist:—		
(a) at treatment centres ... ..	—	—
(b) domiciliary ... ..	—	—
No. of children who obtained operative treat- ment during year ... ..	—	1
Total number of attendances at consultant clinic ... ..	—	8
<b>Treatment Centres</b>		
No. of sessions held during year ... ..	11	
	Pre-school children	School children
Total number of patients treated (including cases continuing treatment from previous year) ... ..	1	8
Total number of attendances ... ..	8	5
<b>Domiciliary Treatment</b>		
Total number treated ... ..	—	—
Total number of visits to patients' homes ...	—	—
<b>Appliances</b>		
Number of appliances—(a) recommended ...	—	—
(b) obtained ...	—	—



## MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

No. of examinations carried out during the year ... 28

---

## CHILDREN AND YOUNG PERSONS ACT, 1933 EMPLOYMENT OF CHILDREN

Number of children examined during the year in  
connection with applications:—

(a) for employment (including entertainments)	79
(b) No. found unfit ... ..	—

---

## ULTRA VIOLET LIGHT TREATMENT

No. of sessions held during the year ... ..	216	
	Pre-School children	School children
No. of children treated during the year ... ..	20	32
Total No. of attendances ...	477	588

---



## PAEDIATRIC SERVICE

## Summary of type of defect for which referred

				Pre-School	School
Enuresis	...	...	...	1	5
Cardiac	...	...	...	2	7
Undescended Testicle	...	...	...	—	2
Growth and Development	...	...	...	3	5
Oesophageal Ulcer	...	...	...	—	1
General Debility	...	...	...	1	3
Respiratory	...	...	...	2	11
Obesity	...	...	...	—	1
Otitis Media	...	...	...	—	1
Headaches	...	...	...	—	1
Nervous System	...	...	...	—	2
Mental Retardation	...	...	...	2	2
Orthopaedic	...	...	...	1	2
Athetosis	...	...	...	—	1
Rheumatism	...	...	...	—	1
Constipation	...	...	...	—	1
Hydrocephalus	...	...	...	1	—

## SPEECH THERAPY

---

Total number of sessions held during the year ...	...	159
No. of new cases treated during the year	... ..	41
No. of cases already attending for treatment from previous year	... ..	19
Total number of cases treated	... ..	60
No. of cases awaiting treatment at end of the year	...	17
No. of visits made to schools	... ..	18
No. of home visits ...	... ..	2

---

### Analysis of Cases treated during the year :—

					Boys	Girls
Stammering	...	...	...	...	7	1
Defects of articulation—						
(a) Dyslalia	...	...	...	...	23	6
(b) Sigmatism		...	...	...	3	1
(c) Rhinolalia, due to—						
(i) Cleft Palate	...	...	...	...	1	2
(ii) Nasal obstruction		...	...	...	1	—
(d) Dysarthria		...	...	...	—	—
Aphasia	...	...	...	...	—	—
Defective speech due to—						
(i) Educational sub-normality			...	...	4	1
(ii) Deafness	...	...	...	...	1	1
Retarded speech development			...	...	8	—
Dysphonia	...	..	...	...	—	—
Other defects	...	...	...	...	—	—
<b>Analysis of Cases discharged :—</b>						
No. of children discharged during year—						
Speech normal	...	...	...	...	10	4
Speech improved		...	...	...	7	—
Unsuitable for treatment	...	...	...	...	2	—
Non-co-operation		...	...	...	1	—
Left school	...	...	...	...	—	—
Left district	...	...	...	...	1	—

## VACCINATION AND IMMUNISATION

By the end of the year it was possible to say that the bulk of the work had been done in relation to protection against poliomyelitis. The acceptance rate among school children was extremely good and a glance at the figures in the following table will give some idea of the volume of work which has been carried out. The response from the under 25's was less satisfactory, but this is no local phenomenon. Even so, approximately 3,500 adults were given protection. No complications were experienced and it is possible now to state with certainty that the procedure is quite safe. As to its efficacy as protection against the disease, the local and national figures show a sharp diminution in the incidence of poliomyelitis during 1959. It will be necessary to wait for a year or two before being absolutely certain that the lower incidence is associated with vaccination. Personally, I believe this to be the case. Every effort will be made to ensure that all children born in your area are given this measure of protection. Certainly the public are well informed, and acceptance has been achieved without undue pressure in the vast majority of cases.

Last year I remarked on the steady diminution in the numbers of children protected against Diphtheria. A determined effort was made by my Health Visitors to reverse this trend, and I am glad to be able to point to the table which shows an increase of more than 30 per cent. in the numbers of children given primary immunisation against Diphtheria and also those receiving reinforcing injections. This speaks well for the enthusiasm of the Health Visiting staff and I am sure that they will spare no efforts to maintain this much more satisfactory state of affairs. Diphtheria is now absent from the community and it is many years since a case was notified in your area.

The almost universal use of combined antigen giving simultaneous protection against Diphtheria, Whooping Cough and Tetanus now means that the improvement in the figures relating to Diphtheria has also taken place in regard to protection against Whooping Cough. Thus during the year a considerably increased number of children were given such protection, and it is with pleasure that I record the steady fall in the notifications of Whooping Cough. Given enthusiasm and enlightenment, whooping cough can be virtually eliminated from the community. In view of its serious significance among young babies it is most essential that we should aim at its elimination from our midst.



Smallpox Vaccination is also running at a very satisfactory level. It is intended, in future, to offer this protection at a rather older age than has formerly been the case, and now to offer it at about one year of age. This change may result in a temporary fall in the numbers of children vaccinated due to the time lag which must be caught up with during the next few months. However, rather more than 40 per cent. of all babies born in the Division during 1959 were given vaccination against Smallpox, and this compares quite favourably with the rest of the country.

The response to B.C.G. vaccination continues reasonably good, and increasing evidence of its usefulness in eradicating pulmonary tuberculosis in young adults comes to hand. The procedure is safe and simple, consisting of a preliminary skin test followed by vaccination which causes no disability and leaves a minute scar which is almost unnoticeable. It is interesting to note that in recent years an increasing number of skin tests on children have been found to be "negative." This indicates an increasing absence of the germ of tuberculosis in the community.

Finally, a very satisfactory total of children received protection against Tetanus (lockjaw) and in view of the almost universal use of the "triple" vaccine, this number is expected to grow from year to year.

## VACCINATION AGAINST POLIOMYELITIS

### Vaccination during 1959

CLASS	Number vaccinated with two injections during the year ended 31st December, 1959
Children born in the years 1943—1959     ...     ...     ...	3,744
Young persons born in the years 1933—1944     ...     ...     ...	2,857
Expectant Mothers     ...     ...	296
Ambulance Staff and their families     ...     ...     ...	2
TOTAL	6,899

In addition to the above, 70 c.c.s of vaccine were issued for vaccination of Hospital Staff.

Total number of persons who had received two injections at 31st December, 1959—

Children     ...     ...	9,904
Others     ...     ...	3,420
Total	13,324

Number of persons who had received one injection only at 31st December, 1959—

Children     ...     ...	45
Young persons     ...	—
Expectant Mothers	9
Others     ...     ...	—
Total	54

Number of persons who had received three injections at 31st December, 1959—

Children     ...     ...	7,184
Others     ...     ...	1,298
Total	8,482



## DIPHTHERIA IMMUNISATION

### Immunisation carried out during the year

	Age at final injection			
	Under 1	1 — 4	5 — 14	Total
No. of children who completed a full course of primary immunisation (including temporary residents) ...	545	126	136	807
Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	57	836	893

### Immunisation in relation to Child Population

Age at 31.12.59 i.e. Born in Year	Under 1 1959	1—4 1958-1955	5—9 1954-1950	10—14 1949-1945	under 15 Total
Last complete course of injections (whether primary or booster)					
1955—1959 ...	176	1,842	1,917	2,695	6,630
1954 or earlier	—	—	984	1,510	2,494

No case of Diphtheria occurred in the Division during the year.

## WHOOPIING COUGH IMMUNISATION

### Immunisation carried out during the year

Age at Final injection	Number of children who completed a full course of immunisation (including temporary residents)
Under 6 months ... ..	139
6 months to one year ... ..	415
1—2 years ... ..	83
2—3 years ... ..	12
3—4 years ... ..	16
Total ...	665

### Immunisation in relation to Child Population

Age at 31.12.59 i.e. born in year:—	Under 1 1959	1 to 4 1958–1955	5 to 9 1954–1950	10 to 14 1949–1945	Under 15 Total
Number immunised ...	178	1,789	1,207	72	3,246

### Whooping Cough notifications and Deaths in relation to Immunisation during the year

Age at date of notification	No. of cases notified	No. of cases included in preceding column in which child completed a full course of immunisation
Under 1 ... ..	1	—
1 ... ..	2	1
2 ... ..	—	—
3 ... ..	3	—
4 ... ..	1	—
5 — 9 ... ..	12	4
10 — 14 ... ..	1	1
Totals ... ..	20	6

No death occurred from Whooping Cough in the Division during the year.

## VACCINATION AGAINST SMALLPOX

Number of Persons vaccinated or re-vaccinated  
during the year

Age at Date of Vaccination	Under 1	1 year	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	374	15	8	9	35	441
Number Re-Vaccinated ...	1	—	3	2	27	33

## IMMUNISATION AGAINST TETANUS

Immunisation carried out during the year

Age at final injection	Number of children who received protection against tetanus (including temporary residents)
Under 6 months ...	76
6 months to 1 year ...	181
1 — 2 years ...	32
2 — 3 years ...	4
3 — 4 years ...	6
Over 4 years ...	11
Total ...	310

## B.C.G. VACCINATION OF 13-YEAR OLD SCHOOL CHILDREN

1. No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination ... ..	3
---	---

### Acceptances

(a) No. of children under fourteen years of age eligible during the year ... ..	605
(b) No. of (a) offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously ... ..	605
(c) No. of (b) found to have been vaccinated previously	—
(d) No. of acceptances ... ..	407
(e) Percentage of acceptances, i.e., (d) to (b) — (c) ...	67·27

### Pre-Vaccination Tuberculin test

(a) No. of children tested ... ..	363
(b) Result of test—	
(i) Positive ... ..	50
(ii) Negative ... ..	271
(iii) Not ascertained ... ..	42
	——
	TOTAL 363
(c) Percentage positive ... ..	15·58

### Vaccination

No. vaccinated ... ..	271
-----------------------	-----

### Tuberculin test twelve months after vaccination

(a) No. vaccinated in 1958 ... ..	238
(b) No. tuberculin tested after 12 months ... ..	170
(c) Result of test—	
(i) Positive ... ..	121
(ii) Negative ... ..	49
(iii) Not ascertained ... ..	—
	——
	TOTAL 170



## B.C.G. VACCINATION—CONTACT SCHEME

### Details of B.C.G. Vaccination of Contacts during the year 1959

[illegible]



## LOCAL HEALTH AUTHORITY CLINIC SERVICES IN THE GARFORTH URBAN DISTRICT

No major alteration has occurred during the year under review. Indeed, this would be quite impracticable for reasons which I have stated many times before. In the Garforth area the standard of provision is adequate and no serious complaints have arisen during the year.

The Clinics are maintained in a state of reasonable repair and decorative condition. The County Council are doing all that is practicable in this matter, and from time to time reports are given indicating any possible alterations or improvements. Each year I mention my satisfaction with the Central Clinic at Rothwell. This is in excellent condition both inside and out, and is admirably serving the needs of the community. It is fair to say that this clinic is well up to the standards of those being built as small Health Centres in various parts of the country.

It is most unfortunate that the Garforth to Rothwell bus service has not yet been restored. I feel that some inconvenience is inevitable when children from the Garforth Urban District are called to attend, for example, the Ophthalmic Clinic. They are involved in a bus change at Woodlesford or have to face the alternative journey via Leeds or Castleford. I understand that efforts are being made to restore the direct service and I very much hope that these will be successful.

Attendances have been well maintained throughout the area, although some slight variations have taken place due to shifts in the density of the population resultant on Slum clearances and the provision of new housing estates. My own observations confirm the steadily rising standards of maternal care and of the health and wellbeing of mothers and young children in your area. There is an increasingly close liaison between ourselves in the Public Health Service and the family doctors. This factor contributes greatly to the value and efficiency of the work carried out.

In common with the rest of the country, attendances at Local Health Authority Ante-Natal clinics has tended to diminish with the universal availability of the services of family doctors in this section of the work. However, there is still a very considerable attendance at the clinics held in your area and we continue to undertake blood tests at the request of many of the family doctors.

Relaxation classes continue to be held at Rothwell and there is ample evidence of their value to expectant mothers.

The Ultra Violet Light clinics continue as before and attendances are maintained at the previous levels.

## CONSULTANT CLINICS

These are all held at the Central Clinic, Rothwell.

Ophthalmic Clinics are held weekly and there has been a build up of work. This has resulted in a certain amount of delay and it has been found necessary to put in a few extra sessions to catch up with the back-log. This by no means implies that urgent work has been unduly delayed, and there is no evidence that any detrimental effect has ensued.

The Paediatric Consultant Clinic is held at monthly intervals and is much appreciated by the family doctors in the area who refer difficult cases to Dr. Pickup for his advice.

Ear, Nose and Throat treatment is readily available, although no special clinic is now held in Local Authority premises. However, cases of special urgency obtain immediate treatment either at Leeds or Wakefield and there are no delays.

A Speech Therapist is in weekly attendance and the waiting list which I mentioned last year has now been eliminated.

Cases requiring Child Guidance are referred to Wakefield where they are seen by the County Psychiatrist, Dr. Leese. There is, at the moment, no appreciable waiting list for her services.

## MENTAL HEALTH SERVICES

As forecast in my last Report, the new Mental Health Act is now on the Statute Book and it is obvious that new responsibilities are to be assumed by the Local Health Authority. The emphasis is shifting. Domiciliary care is now increasingly to be called for and the whole relationship between the Mental Hospitals and the community is being drastically re-orientated. From a Local Health Authority's point of view, this involves very considerable re-organisation. The recruitment of suitably trained and qualified Mental Health workers is bound to involve many difficulties. In this Public Health Division it is envisaged that one whole-time Mental Health Social Worker will be utilised for the community care of what are now known as "mentally subnormal" patients (formerly defined as "mentally deficient" patients). In addition, the half-time services of a male Mental Health worker are to be made available to undertake the necessary duties under the new Mental Health Act in respect of persons who are suffering from mental illness and psychosis. Both these workers are



to be based in this Division and will be expected to undertake duties very much wider than any previously carried out.

As I mentioned in my last Report, a new Occupation Centre is to be built near the centre of the Rothwell Urban District. This will cater for patients, of all ages, suffering from mental sub-normality. The new Act places a mandatory responsibility on the Local Health Authority to provide suitable occupational therapy and training for all persons capable of benefitting from it. The centre proposed is not likely to be built for a year or so, and, in the meantime, patients are being transported to the Centres at Airedale and in Wakefield City. Some few are given occupational training in Leeds.

One of the problems of rehabilitation in those who have suffered from mental illness is that after a period in Hospital it is frequently found that no suitable accommodation is available for them in normal households. This in turn precludes them from obtaining suitable employment and, as a corollary, swells the number of those who are retained in Mental Hospitals because they have nowhere else to live. This problem is to be tackled by the provision of Hostels for such patients, and one is to be provided on the South side of Leeds. The criteria are that it should provide for patients who need such accommodation and are suitable for employment in local industries. Every effort is to be made to ensure that ex-patients are given a chance to fit themselves once more into the pattern of normal social and industrial life.

The new Act is a revolutionary Statute. Whilst the broad outlines of future policy are laid down, it is certain that many difficulties will arise and much patience and mutual toleration will be needed to ensure that the spirit of the Act is fulfilled. In your own area, a very auspicious start has been made, and I would like to take this opportunity of paying tribute to the generous way in which the Hospital Management Committee and professional staff of Stanley Royd Mental Hospital have responded to the new approach. In this area we are fortunate in having an enlightened Hospital Authority who have been ready and willing to give active and positive co-operation. For our part we are determined to do all we can to reconcile views and activities. Only by such an approach will a new integration be established. Rome wasn't built in a day, and, of necessity, a considerable time must elapse before the full value of the new scheme can be determined.

## DOMICILIARY NURSING SERVICES

**Health Visiting.**—Some changes have taken place but we have been lucky in obtaining satisfactory replacements, and this branch of the domiciliary nursing service, though one or two below full establishment, has functioned satisfactorily and has managed to cover adequately all the demands made upon it. A happy aspect has been the increasing co-operation with the family doctors in the area. More than ever in my experience are contacts being made between Health Visitor and Doctor to the benefit of all concerned. The Health Visitor is increasingly the friend of the family, and it is obvious that in her new role she is making and keeping new friends.

**Home Nursing.**—This has remained at full strength and I can state without contradiction that no area is better served. The Home Nursing Service is preponderantly concerned with the care of the aged and chronic sick. Not the least value of the Service is the regular contact with the unfortunate persons who are doomed to a life of chronic indigence. Reports from the Supervisory Nursing Staff constantly emphasise the kindness with which the Home Nurses carry out their duties. Relationships with Hospitals and with family doctors have been universally good throughout the year.

**Midwifery Service.**—The improvement which I reported last year has been maintained. This branch of the Nursing Service is now, once again, fully staffed and all needs are adequately covered. All midwives have motor cars and the case load is now approximately that recommended by the Central Midwives' Board. Trilene anaesthesia is shortly to be introduced and it is the intention that this shall ultimately supersede Gas and Air, to which it is generally held to be superior.

**Home Help Service.**—The demand for this service remains steady and increasing. A glance at the table will show immediately the volume of work carried out. With an ageing population this must be considered inevitable. I do not need to repeat the views which I have expressed in former reports. There is no doubt at all that, where possible, an elderly person is happiest at home. The principle value of the Home Help is to make this feasible. Whilst there are occasional disappointments the vast bulk of the Home Helps are friendly individuals who frequently



form a strong attachment to the patients whom they serve often over a period of years. One of the most gratifying things is the frequent occurrence of small acts of kindness which are, strictly speaking, outside the scope of a Home Help's duties. These often pass unremarked, but I would like it to be known that this is not always the case and that much of what is taking place becomes known to me by the "bush telegraph."

I would like to take this opportunity of expressing, on your behalf, my appreciation to the County Council for their readiness in allowing an increase in establishment. For my part I endeavour to ensure that help is provided on a reasonable scale and that so far as is possible abuse is avoided. I am happy to record that, during 1959, many fewer instances have come to light of failure to accept family responsibility. The vast bulk of persons for whom Home Help is needed live alone and have no near relatives who can help them. The administration of this Service is one of considerable complexity and tribute is due to the excellent work carried out by the administrative clerical staff.

**Chiropody Service.**—Towards the end of the year, the County Council approved a scheme for a Chiropody Service and it is intended that this shall be brought into being early in 1960. In my Annual Report for that year I will include a full account of the Service.



## DOMESTIC HELPS

Authorised Divisional Allocation.

(i) Basic	...	...	...	25
(ii) From Reserve Pool (Average over the year)	...	...	...	—
Total	...	...	...	25

Number of Domestic Helps employed at 31st December, 1959—

(i) Whole-time	...	...	—
(ii) Part-time	...	...	66
Total	...	...	66

Cases provided with Domestic Help during year ended 31st December, 1959—

	No. of Cases	Hours employed
(i) Maternity (including expectant mothers)	32	1,844½
(ii) Tuberculosis	2	153
(iii) Chronic sick (a) aged 65 +	266	46,946¾
(b) under 65	20	3,377¾
(iv) Others	12	858
Totals	322	53,180

Employment :—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1959 ÷ 2288 (52 weeks x 44 hours) = No. of home helps that could have been employed full time. = 23·243

## AMBULANCE SERVICE

This has worked with its customary efficiency, and no complaint has arisen during the year.

## LABORATORY FACILITIES

These continue to be available and the Medical Director and staff of the Medical Research Laboratory at Wakefield have been most helpful, and have undertaken a considerable number of examinations of specimens submitted to them throughout the year. Our thanks are due to them for their courtesy and promptitude.

## MILK AND FOOD SAMPLES

Powers to act under the Food and Drugs Act have still not been delegated to this Authority. Samples of water are submitted to the County Analyst at Halifax and, during 1959, 9 samples were analysed, 6 of which were satisfactory and 3 unsatisfactory. The unsatisfactory samples were all taken from a temporary storage tank during cleaning operations.

## HOSPITAL PROVISION IN THE AREA

**Maternity Hospitals.**—We have continued to enjoy the facilities previously available. Maternity Hospitals are undergoing very grave staffing difficulties and this fact has been reflected in the shortened period of accommodation afforded to many maternity cases. This is no new thing and there seems no immediate likelihood of substantial amelioration. However, the domiciliary nursing staff have managed to cope very adequately and few cases of hardship to mothers have arisen. We have maintained our normal percentage of 50 per cent. Hospital admissions and, as before, have been helped by the kindness and courtesy of the Morley Health Division who have once again made available three or four of their own beds for our use. Occasional emergencies have been given accommodation in Staincliffe General Hospital and no case, to our knowledge, really needing institutional accommodation on social or obstetric grounds, has been unable to obtain it.

**Infectious Diseases Hospitals.**—Only two cases were admitted to a Fever Hospital from the Garforth Urban District during 1959 and these were for "observation." This is an exceptional circumstance and improves even on last year's excellent total of 4 cases admitted. However the facilities of Seacroft are constantly available and should any need arise it will be promptly and efficiently met. Our co-operation with this Hospital is of the closest and we regularly receive all necessary information relevant to cases of Infectious Disease admitted from your area. Admission notices with corrected diagnoses, and discharge notices are received with absolute promptitude. I greatly appreciate the information thus made available to us and it is of very great help to me in my work. The standard of medical and nursing care in Seacroft is of the highest and I consider it a fortunate circumstance that such provision should be available to our inhabitants. Once again I would like to acknowledge my indebtedness to the Medical Superintendent and the medical and nursing staff.

**General Hospitals.**—Acute medical and surgical cases readily obtain admission and we are fortunate, as previously stated, in having available medical and surgical treatment of the highest standard. All needs are promptly and adequately met.

Pinderfields Hospital is known throughout the region as a Specialist Unit and to it are admitted all our cases of industrial accident, adult orthopaedic defect and convalescent poliomyelitis cases. Co-operation with the Hospital



is close and we are now regularly provided with discharge notices, a factor which we greatly appreciate and which is of the utmost value to us.

**Geriatric Hospitals.**—Last year I expressed dissatisfaction at the fact that chronic sick cases from our own area were not able to gain admission to St. George's Hospital at Rothwell. Following the publication of my last Report, the Senior Administrative Medical Officer of Leeds Regional Hospital Board contacted me and asked me to attend a meeting between himself and members of his Consultant staff. Following this I was invited to attend a meeting of the Geriatric Committee of the Regional Hospital Board at St. George's. The needs of your District were fully explained and discussed. The meeting was cordial and I am glad to report that, as an immediate consequence, a small number of beds at St. George's have been made available to inhabitants of Rothwell Urban District and neighbouring areas, including Garforth. In addition, a promise was given that a further considerable number of beds will be made available when proposed extensions to the Haigh Hospital are made in the early future.

It is with great satisfaction that I report these facts. The hardship and distress caused to patients and relatives alike, when long journeys are necessitated, have been frequently brought to my notice. St. George's and The Haigh Hospitals are conveniently sited and the new provision will alleviate very greatly discomforts which previously had to be endured.

I must once more acknowledge the courtesy and consideration which have been afforded by the Geriatric Consultant, Dr. Rosenthal. His keenness and enthusiasm have been a great factor in making possible the rehabilitation of many patients who, under less skilled supervision, might have become permanently bedfast in Hospital.

**Welfare Accommodation.**—This is not, strictly speaking, "Hospital" provision, but approximates very nearly thereto. The County Welfare Officer and his staff are unfailingly helpful and every effort is made to provide suitable accommodation for those border-line cases who are not well enough to look after themselves at home, but who, nevertheless, cannot be classified as "chronic sick." I feel that as things are at the moment we, in this area, have little to grumble at.

In all, I consider your District adequately served, and fortunate in the provisions made for its inhabitants.



## PREVALENCE AND CONTROL OF INFECTIOUS DISEASE IN THE GARFORTH URBAN DISTRICT

Garforth Urban District continues to enjoy relative freedom from any serious form of Infectious Disease. Indeed 1959 gave rise to no notification of Poliomyelitis or of Diphtheria and only two cases of Whooping Cough were notified. The prevalence of extremely mild Scarlet Fever continued, giving a total of 38 cases during the year. It is significant that the disease was so mild in form that in no case was Hospital admission requested. I do not feel that Scarlet Fever in its present form need give rise to any special alarm. I have stated my views before and would like only to repeat that continued notification is, in my opinion, essential, as a precaution against a possible resurgence of a more serious type of Scarlet Fever.

1959, as I anticipated, was marked by a Measles epidemic of moderate proportions. In all, 307 cases were notified but no complications were recorded and there were no deaths from the disease.

No case of food poisoning nor of Dysentery was notified during the year—a most satisfactory state of affairs.

To sum up, the incidence of Infectious Disease in your area continues to be extremely low and we have every reason to be gratified at its continued relative absence from the community.

**Venereal Disease.**—Confidential reports give no indication of any appreciable increase in Venereal Disease in your area. Some disquiet has been expressed, but so far as this area is concerned, I feel that there is no need for any anxiety whatever. Known cases in the District are very few indeed and there has not been any significant increase over recent years.

**Infestations.**—Here again the picture remains as formerly. Very very few serious infestations now come to our notice, and there has been a very considerable increase in the standards of cleanliness in school children.

Scabies was almost entirely absent from the community.

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1959

Disease	Total all ages			Age Distribution 1959												Cases sent to Hospital	Deaths			
	1957	1958	1959	0 — 1 year	1 — 2 years	2 — 3 years	3 — 4 years	4 — 5 years	5 — 10 years	10 — 15 years	15 — 20 years	20 — 35 years	35 — 45 years	45 — 65 years	65 years and up			Age unknown		
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Anterior Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sonnè Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

## TUBERCULOSIS

The usual tables are included in this Report. I am glad to say that their principal function nowadays is to underline the slow but steady decline in the incidence of this disease. In recent Reports I have emphasised my view that Tuberculosis is on its way out and nothing that has happened during the current year has altered my view. Not without significance is the fact that when skin tests are done on school children nowadays, a very high proportion are found to be "negative." This is an indication that no contact of the children with tuberculosis has occurred — a sure sign of its diminished incidence in the general public. Treatment of the disease is increasingly successful and recovery is now the rule rather than the exception. The Miniature Mass Radiography Unit visits your area from time to time and meets with a good response from the general public.

B.C.G. vaccination is now offered to all school children over the age of 13 years and the acceptance rate is reasonably satisfactory.

Only rarely nowadays is it necessary for me to approach the House Letting Committee to ask for "priority" consideration to be given for re-housing on the grounds of tuberculosis. I am glad to acknowledge the ready response which I have received to the few cases which have arisen in recent years.

The Chest Clinics at Leeds and Pontefract are invariably co-operative and helpful. Nowadays their role is in the wider field of chest conditions and, to an ever-diminishing extent is concerned with tuberculosis. It is reasonable to expect the present improvement to continue, although inevitably some years must elapse before it will be possible for me to say that tuberculosis is no longer a factor of any social significance.



## TUBERCULOSIS

## Record of Cases during the year 1959

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	23	26	2	13
No. of cases notified for first time during year	—	3	—	—
No. of cases restored to Register ...	2	—	—	—
No. of cases added to Register otherwise than by notification ...	1	—	—	—
No. removed to other districts ...	1	—	—	—
No. Recovered ...	—	1	—	—
No. died from the Disease ..	1	1	—	—
No. died from other causes ...	—	—	—	—
No. Removed from Register :—				
Revised diagnosis ... ..	—	—	—	—
No. of cases on Register at end of the year	24	27	2	13

## New Cases and Mortality during 1959

Age Periods		New Cases				Deaths			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F
0—1 year	...	—	—	—	—	—	—	—	—
1—5 years	...	—	—	—	—	—	—	—	—
5—10 „	...	—	—	—	—	—	—	—	—
10—15 „	...	—	—	—	—	—	—	—	—
15—20 „	...	—	—	—	—	—	—	—	—
20—25 „	...	—	2	—	—	—	—	—	—
25—35 „	...	—	—	—	—	—	—	—	—
35—45 „	...	—	—	—	—	—	—	—	—
45—55 „	...	—	—	—	—	—	—	—	—
55—65 „	...	—	1	—	—	—	1	—	—
Over 65 years	...	—	—	—	—	1	—	—	—
Age unknown	...	—	—	—	—	—	—	—	—
Totals	...	0	3	0	0	1	1	0	0



# TUBERCULOSIS

## New Cases and Deaths since 1940

Year			New Cases		Deaths	
			Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1940	...	...	5	2	3	1
1941	...	...	5	2	3	1
1942	...	...	2	3	2	3
1943	...	...	9	—	2	3
1944	...	...	8	3	5	1
1945	...	...	6	—	5	—
1946	...	...	7	3	5	1
1947	...	...	7	4	4	—
1948	...	...	14	5	7	—
1949	...	...	14	1	2	1
1950	...	...	13	4	5	—
1951	...	...	6	3	7	—
1952	...	...	12	4	5	—
1953	...	...	8	2	1	—
1954	...	...	4	2	2	—
1955	...	...	6	1	2	—
1956	...	...	6	1	1	—
1957	...	...	1	3	—	—
1958	...	...	6	2	—	—
1959	...	...	3	0	2	—

## HOUSING

It is possible to say that now no slum areas exist in your Urban District. A number of individual unfit houses still remain to be dealt with but constitute no particular problem. It is a matter of common knowledge that very considerable housing development is taking place, particularly in the Garforth area of your Urban District. In addition a satisfactory total of 53 houses was built by the Local Authority. The private enterprise provision of 105 new houses is likely to be very considerably increased during the next few years consequent on the expected release of a considerable area of land for private housing development.

One feels that Garforth is likely considerably to alter in character and that far-reaching developments in the provision of stores, shops, etc., are likely to take place in the very near future. The whole community should very markedly benefit from this and one is justified in looking forward with optimism to an area of prosperity and expansion.

## HOUSING STATISTICS

### YEAR 1959

1.	No. of Dwelling Houses in District	...	...	4,811
2.	No. of Houses included in above—			
	(a) Back-to-back	...	...	8
	(b) Single back	...	...	4
3.	HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE			
	No. of houses included in Representations made during the year			
	(a) in Clearance Areas	...	...	Nil
	(b) Individual unfit houses	...	...	10

#### A. HOUSES DEMOLISHED

	HOUSES DEMOL- ISHED	DISPLACED during year	
		Persons	Families
In Clearance Areas			
(1) Houses unfit for human habitation ... ..	Nil	Nil	Nil
(2) Houses included by reason of bad arrangement, etc. ...	Nil	Nil	Nil
(3) Houses on land acquired under Section 43 (2) Housing Act, 1957 ... ..	Nil	Nil	Nil
Not in Clearance Areas			
(4) As a result of formal or informal procedure under Section 17 (1) Housing Act, 1957	21	123	39
(5) Local Authority owned houses certified unfit by the Medical Officer of Health ... ..	Nil	Nil	Nil
(6) Houses unfit for human habitation where action has been taken under local Acts ...	Nil	Nil	Nil
(7) Unfit houses included in Unfitness Orders ... ..	Nil	Nil	Nil
<hr/>			
B. UNFIT HOUSES CLOSED	Number		
(8) Under Sections 16 (4), and 35 (1), Housing Act, 1957	7	19	7
(9) Under Sections 17 (3) and 26, Housing Act, 1957 ... ..	Nil	Nil	Nil
(10) Parts of buildings closed under Section 18, Housing Act, 1957	Nil	Nil	Nil

### C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	By Owner	By Local Authority
(11) After informal action by local authority ... ..	615	Nil
(12) After formal notice under		
(a) Public Health Acts ... ..	44	8
(b) Sections 9 and 16, Housing Act, 1957 ... ..	21	3
(13) Under Section 24, Housing Act, 1957 ... ..	Nil	Nil

### D. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)

	Number of Houses	Number of separate dwellings contained in column (1)
	(1)	(2)
Position at end of year		
(14) Retained for temporary accommodation		
(a) Under Section 48 ... ..	Nil	Nil
(b) Under Section 17 (2) ... ..	Nil	Nil
(c) Under Section 46 ... ..	Nil	Nil
(15) Licensed for temporary occupation under Sections 34 or 53 ... ..	Nil	Nil

### E. PURCHASE OF HOUSES BY AGREEMENT

	Number of Houses	Number of occupants of houses in column (1)
	(1)	(2)
(16) Houses in Clearance Areas other than those included in confirmed Clearance Orders or Compulsory Purchase Orders, purchased in the year ... ..	Nil	Nil

### 4. No. of families rehoused during the year into Council owned dwellings

(a) Clearance Areas, etc. ... ..	46
(b) Overcrowding ... ..	7



## 5. RENT ACT, 1957

(a) No. of certificates of disrepair granted ...	1
(b) No of undertakings to execute repairs given by owners to the local authority ...	2
(c) No. of certificates of disrepair cancelled ...	2

## 6. OVERCROWDING

Any comments in connection with this problem

None

## 7. NEW DWELLINGS

No. of new dwellings completed during the year:—

By the Local Authority ... ..	53
By Private Enterprise ... ..	105

8. GRANTS FOR CONVERSION OR IMPROVEMENT  
OF HOUSING ACCOMMODATION

	Formal applica- tions received during the year	Applica- tions approved during the year	Number of dwellings completed during year
	Number of dwellings	Number of dwellings	
(a) CONVERSIONS (The number of dwellings is the number resulting from completion of the work) ... ..	Nil	Nil	Nil
(b) IMPROVEMENTS ... ..	44	34	9

9. DETAILS OF ADVANCES FOR THE PURPOSE OF  
ACQUIRING OR CONSTRUCTING HOUSES

... .. 135

## SANITARY CIRCUMSTANCES OF THE AREA

**Water Supply.**—The remarks which I made in my 1958 Report still hold good. It has not yet been possible to complete the very radical work which I outlined last year. However, matters are well in hand and at the time of writing this Report it is possible to say that within a very short space of time the building of a new water tower at the highest point of the District will eliminate the irritating and even insanitary shortages which have plagued so many of our citizens during the last year or two.

My own feeling is that people have been very patient under trying circumstances and that the difficulties have been approached with common sense and restraint, both by the Committee and by your own Authority. When I write my next Report I hope to be able to tell you that all is well.

The quality of the water remains excellent, and I give hereunder sample chemical and bacteriological analyses.

### Chemical Analysis:

Total Solids ... ..	90	parts per million
Mineral Matter ... ..	80	„ „ „
Chlorine as Chlorides	16	„ „ „
Free Ammonia ... ..	0.02	„ „ „
Albuminoid Ammonia	0.02	„ „ „
Oxygen absorbed in 4 hours at 80° F. ... ..	0.10	„ „ „
Nitrous Nitrogen ... ..	Nil.	
Nitric Nitrogen ... ..	0.2	„ „ „
Total Hardness ... ..	50	„ „ „
Temporary Hardness	15	„ „ „
Permanent Hardness	35	„ „ „
pH Value ... ..	8.0	
Colour—Hazen Units	Nil.	
Turbidity—Silica Scale	Nil.	
Free Chlorine—Actual Free ... ..	Nil.	
Total including Chloramines ... ..	0.01	„ „ „
Iron as Fe ... ..	0.07	„ „ „

**Bacteriological Examination:**

Total No. of Micro-  
Organisms per ml.  
growing on Agar at  
22° C. 3 days ... Nil.

Total No. of Micro-  
Organisms per ml.  
growing on Agar at  
37° C. 2 days ... Nil.

Presumptive B. Coli. Nil. per 100 ml.

The condition of the water is highly satisfactory.

No standpipe nor well is in use in the District and the water is without plumbo-solvent action.

**Sewage Disposal.**—This has been completely satisfactory and the works at Allerton Bywater are meeting all requirements.

**Closet Accommodation.**—The only sanitary accommodation not on the water carriage system is at property scheduled for demolition or at isolated farm cottages.

Houses (percentage of total)—

provided with water closets ... ..	98.88 %
provided with earth or pail closets ...	1.1 %
provided with waste water closets ...	0.02 %

**Public Conveniences.**—These have continued satisfactory, and apart from minor incidents, no complaints have arisen.

**Drains and Sewers.**—There has been no major incident in relation to mining subsidence, but in this part of the world a very careful watch has to be kept.

**Public Cleansing.**—This has continued most efficiently throughout the year and the few cesspools in the area have been emptied at regular intervals.

**Rivers and Streams.**—No action has been necessary during the year.

**Shops and Offices.**—No complaint has been received and no action has been considered necessary in respect of any shop or office premises.



**Camping Sites.**—The Garforth Cliff Camping Site still attracts a large number of caravan dwellers. Every effort is made to ensure that the camp is conducted in an orderly and hygienic manner. No nuisance has arisen during the year and the owner is most co-operative in ensuring that the type of person who is allowed access to the site is of adequate social and moral standards.

Difficulties are inevitable but every effort is made to minimise them.

**Swimming Baths and Pools.**—No public baths in this area.

**Bed Bug Eradication.**—This pest is now virtually eliminated from the community and no serious case of infestation has occurred for many years.

**Smoke Abatement.**—Since the electrification of Allerton Bywater Colliery, there has been a marked improvement in this part of your District. The Clean Air Act is under consideration but considerable difficulties arise in a mining community.

**Offensive Trades.**—No offensive trade is carried on in the Garforth area.

**Factories and Workshops.**—Parts 1 and 8 of the Act fall within the administrative responsibility of this Authority. The following is a list of the Outworkers and it will be noted that once again no special action has been necessary. Routine inspections have been carried out in respect of Part I of the Act and again no special action has been necessary.



## INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH.

(Including Inspections made by Public Health Inspector).

	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	12	18	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority .. .. .	28	32	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	14	30	—	—
TOTAL	54	80	—	—

## OUTWORK.

Nature of Work	No. of Outworkers in August list required by Sec. 110 (1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices Served	Prosecutions
WEARING APPAREL:—						
Making, etc. ..	8	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving ..	—	—	—	—	—	—
TOTAL ..	8	—	—	—	—	—

### CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

				No. of cases in which defects were found				Number of cases in which Prosecutions were instituted
				Found	Remedied	Referred :		
						to H.M. Inspector	by H.M. Inspector	
Want of cleanliness	..	..	3	3	—	—	—	
Overcrowding	..	..	—	—	—	—	—	
Unreasonable temperature	..	..	—	—	—	—	—	
Inadequate ventilation	..	..	—	—	—	—	—	
Ineffective drainage of floors		..	—	—	—	—	—	
Sanitary Conveniences :—								
Insufficient	..	..	2	2	—	—	—	
Not separate for sexes	..	..	—	—	—	—	—	
Unsuitable or defective	..	..	2	2	—	—	—	
Other offences against the Act (not including offences relating to Outwork)	..	..	—	—	—	—	—	
Total	..	..	7	7	—	—	—	

## SANITARY INSPECTION OF THE AREA

### Infectious Disease Prevention

Inspections	...	...	...	...	...	38
Further Enquiries	...	...	...	...	...	11
Disinfections	...	...	...	...	...	3
Schools Disinfected	...	...	...	...	...	—
Miscellaneous Visits	...	...	...	...	...	4
Scabies Visits	...	...	...	...	...	—

### Milk and Dairies

Inspections of Cowsheds and Dairies	...	...	...	...	11
Milk Samples taken	...	...	...	...	—

### Food and Drugs Inspections

Meat Inspections	...	...	...	...	...	89
Bakehouses	...	...	...	...	...	42
Food Inspections	...	...	...	...	...	38
Ice Cream Inspections	...	...	...	...	...	56
Water Sampling	...	..	...	...	...	12
Fish Shop Inspections	...	...	...	...	...	34

### Housing

Houses Inspected and Recorded	...	...	...	...	173
General Surveys	...	...	...	...	48
Public Health Act Inspections	...	...	...	...	442
Re-visits	...	...	...	...	483
Council Houses	...	...	...	...	71

### Sanitary Matters

Inspection of Nuisances	...	...	...	...	523
Inspection of Verminous Premises	...	...	...	...	41
Inspection of Privies	...	...	...	...	12
Inspection of Piggeries	...	...	...	...	44
Inspection of Rat Infestations	...	...	...	...	656
Inspection of New Drains	...	...	...	...	36
Drains Tested	...	...	...	...	36
Smoke Observations	...	...	...	...	10

**Scavenging**

Inspections	...	...	...	...	...	46
Refuse Tips	...	...	...	...	...	261
Supervision of Workmen	...	...	...	...	...	108

**Other Inspections**

Factories and Workshops	...	...	...	...	80
Tents, Vans and Sheds	...	...	...	...	78
Council House Complaints	...	...	...	...	12
Miscellaneous	...	...	...	...	112
Number of Statutory Notices (Housing Act and Public Health Acts)	...	...	...	...	75
Number of Statutory Notices (Section 25 of the Housing Act, 1957)	...	...	...	...	—
Number of Nuisances abated on serving Statu- tory Notices (Public Health Acts)	...	...	...	...	33



# ANNUAL REPORT

of the

## PUBLIC HEALTH INSPECTOR AND

and

## CLEANSING SUPERINTENDENT

(R. A. NAYLOR, C.R.S.H., M.A.P.H.I.)

**For The Year**

**1959.**

To the Chairman and Members of the  
Garforth Urban District Council.

Mr. Chairman, Madam and Gentlemen,

I beg to submit my Annual Report for the year 1959. Many of the details of inspections are contained in the Report of the Medical Officer of Health.

### HOUSING

During the year a further 10 houses were represented as being unfit for human habitation and Demolition or Closing Orders were made. As will be seen from a later table, this makes the total number of houses condemned in post war years 356, representing 10.5% of all the privately owned houses in the area.

The Council's first five year slum clearance programme is now virtually completed and a further survey is being carried out to decide future policy. At the end of the year only 8 condemned houses were still occupied, some of these by tenants of the "problem family" category requiring special consideration.

53 council houses were completed during the past year (12 at Allerton Bywater and 41 at Kippax), bringing the total of post war council houses to 849. The Council at present own 1,466 houses and bungalows representing 30% of all the houses in the urban district (516 at Garforth, 468 at Kippax and 482 at Allerton Bywater). The inevitable rapid growth of Garforth is apparent to all and a further 103 houses were completed during the year by private enterprise. There is still a great demand for houses in this area and the envisaged influx of 5,000 overspill from

the City of Leeds will begin to make itself felt within the next year or two, with consequently increased demands upon the Council's resources. Fortunately, due to the foresight of the Council in constructing the central Sewage Disposal works, and embarking upon the new water supply scheme, the problem of a greatly increased population can be faced with confidence.

Despite the increased building activity in the area, there has, during the year been an increase in the number of outstanding applications for council houses, the total now being 502 (243 at Garforth, 132 at Kippax and 127 at Allerton Bywater), an increase on last year's figure of 54. There has also been an increase in the number of applications for old persons' bungalows and at the end of 1959 there were 127 outstanding applications. In this area there is a great need for more housing accommodation for the aged, and the building of bungalows could serve a two-fold purpose, as many old people at present occupying two or three bedroom council houses, would be only too willing to transfer, thus freeing the houses for larger families.

The following tables outline the progress made in slum clearance since 1947:—

Year	Allerton Bywater	Garforth	Kippax
1947 ... ..	4	—	4
1948 ... ..	25	1	8
1949 ... ..	1	—	16
1950 ... ..	9	—	11
1951 ... ..	7	—	19
1952 ... ..	1	—	11
1953 ... ..	9	28	15
1954 ... ..	19	—	12
1955 ... ..	7	—	20
1956 ... ..	6	10	32
1957 ... ..	28	12	5
1958 .. ..	7	7	12
1959 ... ..	—	1	9
Total ...	123	59	174

## POSITION AT 31st DECEMBER, 1959

	Allerton Bywater	Garforth	Kippax	Total
Number of houses represented	123	59	174	356
Number of families rehoused	119	57	172	348
Number of persons rehoused	397	191	586	1174
Number of undertakings accepted to repair or not to use for human habitation ...	—	8	6	14
Number of families still to rehouse ... ..	4	2	2	8
Number of new houses erected	274	279	296	849
Percentage of houses built allocated to slum clearance	43.4%	20.4%	58.1%	41.0%

### PRIVY CONVERSIONS

A further 7 privies were converted to the water carriage system and 98.8% of the houses in the area have separate water closets. The few remaining privies are at houses scheduled for demolition.

### HOUSE PURCHASE AND HOUSING ACT, 1959

Although it was late in the year before the provisions of the above Act could be implemented, 39 applications were received for grants towards the cost of installing standard amenities, and many more inquiries were made which will certainly result in a great number of further applications. 32 grants were approved but 7 had to be refused, mostly because of the rather arbitrary wording of the Act relating to the W.C. which must be in or contiguous to the building.

It is apparent, once again, that the vast majority of applications for grants will come from owner-occupiers, in fact 32 of the 39 received were from such persons, although the Council have given great publicity to the matter, and tried to interest landlords to take advantage of the provisions of the Act. In order to assist in the drive to improve



older type properties, the Council have decided to inform all intending purchasers that they must agree to provide the standard amenities before a loan could be obtained from the Council for the purchase of the property. In addition, it has been decided that approximately 270 of the older type council houses, which at present have no washhand basins, shall be brought up to standard.

In order to give a greater impetus to the modernisation of sub-standard houses, Discretionary Grants are also made in appropriate cases.

## SUMMARY OF SANITARY IMPROVEMENTS EFFECTED DURING 1959

### Interior of Houses

Floors repaired or renewed	...	...	41
Walls and ceilings replastered...	...	...	62
Dampness abated	...	...	27
New glazed sinks provided	...	...	20
Windows enlarged or repaired	...	...	21
Doors repaired or renewed	...	...	33
Cooking ranges repaired or renewed	...	...	38
Water supplies improved	...	...	42
Baths provided	...	...	11
Hot water supplies provided	...	...	10
Wash hand basins installed	...	...	11
Internal W.C's provided	...	...	11
Food stores improved	...	...	5

### Exterior of houses

Roofs repaired	...	...	...	63
Eavesgutters repaired or renewed	...	...	...	82
Walls repointed	...	...	...	61
Walls rendered	...	...	...	12
Yards paved	...	...	...	4
Boundary walls repaired	...	...	...	7

### Drainage

Drains cleared from obstruction	...	...	214
Defective drains relaid	...	...	38
Inspection chambers provided	...	...	11
Cesspools abolished	...	...	2



## Drainage—continued

Soil Pipes repaired	...	...	...	3
Septic Tanks provided	...	...	...	2

## Sanitary Accommodation

W.C. pedestals renewed	...	...	21
W.C. cisterns renewed	...	...	14
Additional W.C's provided	...	...	11
Privies converted to W.C's	...	...	7
Ashpits abolished	...	...	3
Dutbins renewed	...	...	412

## MEAT AND FOOD INSPECTION

Month	Cows	Beasts	Sheep	Pigs	Calves	Totals
January ...	1	17	46	43	—	107
February ...	—	18	33	19	—	70
March ...	—	22	38	33	—	93
April ...	—	19	35	25	—	79
May ..	—	15	31	22	—	68
June ...	—	20	51	22	—	93
July ...	—	15	52	19	—	86
August ...	—	19	76	21	—	116
September	—	17	85	18	—	120
October ...	—	18	91	30	—	139
November	—	24	62	60	—	146
December	—	16	40	32	—	88
Totals ...	1	220	640	344	—	1,205

## Carcases and Offal inspected and condemned in whole or in part.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ...	220	1	—	640	344	—
Number inspected..	220	1	—	640	344	—
All diseases except Tuberculosis and Cysticerci. Whole carcases condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned ...	31	—	—	7	2	—
Percentage of the number inspected affected with dis- ease other than tuberculosis and cysticerci ...	14.1%	—	—	1.1%	0.6%	—
Tuberculosis only : Whole carcasses con- demned ...	—	—	—	—	—	—
Carcases of which some part or organ was condemned ...	7	—	—	—	1	—
Percentage of the number inspected affected with tuber- culosis ...	3.2%	—	—	—	0.3%	—
Cysticercosis : Carcases of which some part or organ was condemned ...	1	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	1	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Set out below is a list of Unsound Meat Condemned and surrendered at Slaughterhouses,  
giving weights in lbs. and causes of condemnation in monthly order

Disease	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Totals
Abscesses ...	14	—	—	—	—	—	—	—	—	—	20	—	34
Cirrhosis ...	42	28	14	70	—	28	21	21	14	—	56	91	385
Cysticercosis ...	—	—	—	—	—	—	—	—	40	—	—	—	40
Distomatosis ...	—	—	—	—	—	—	30	6	—	—	—	6	42
Tuberculosis ...	—	10	40	40	—	68	40	40	—	—	—	—	238
Totals ...	56	38	54	110	—	96	91	67	54	—	76	97	739

Inspections of unsound food were made at shops and other food premises, and set out below is a list giving details of food condemned as unfit for human consumption. In no case was it found necessary to institute legal proceedings. During the year any large amounts of meat condemned were disposed of to a fertiliser manufacturer after staining with green dye to prevent the possibility of use for human consumption.

Beef (home killed)	...	...	78 lbs.
Beef (imported)	...	...	410 lbs.
Mutton (imported)	...	...	92 lbs.
Pork (home killed)	...	...	56 lbs.
Bacon and Ham	...	...	142 lbs.
Eggs	...	...	480
Chopped Pork	...	...	14 tins
Minced Beef	...	...	20 tins
Tomatoes	...	...	43 tins
Mixed Fruits	...	...	32 tins
Pilchards	...	...	12 tins

### BAKEHOUSES

During the year the four bakehouses in the area were regularly inspected, and once again it is gratifying to record that a very high standard of hygiene was maintained. All the bakehouses are under the personal supervision of the owners who at all times were extremely co-operative.

### ICE CREAM

Although there are no manufacturers of Ice Cream in the area, there has been a marked increase in the number of retailers registered, and at the end of the year there were 50 shops registered for the sale of Ice Cream.

The method by which the bulk suppliers instruct intending retailers to secure registration before supplies are commenced has continued and proved very helpful. Frequent inspections were carried out and in every case modern refrigerators and adequate washing facilities are provided. In only three cases was it necessary to draw the shopkeepers' attention to unsatisfactory conditions which were very speedily remedied.



## PRESERVED FOODS

Regular inspections were made of the 22 premises registered for the preparation and manufacture of preserved foods. Most of the premises are fitted with refrigeration units and all have suitable washing facilities.

## FOOD HYGIENE REGULATIONS

Inspections of the food shops in the area has once again revealed a high standard of hygiene, and even without pressure from the Public Health Department, many improvements have been carried out. My own opinion is that apparently the food traders have at last realised that clean shops and hygienic practices are not only good from a health point of view, but also pay dividends from a commercial viewpoint.

All plans of new shops, and of alterations to existing shops, are submitted to this Department for approval, thus making certain that the premises comply in all respects with the Food Hygiene Regulations before approval is given.

Set out below is a list of food premises in the area:—

Fried Fish ...	...	15
Greengrocers ...	...	8
Butchers ...	...	16
Grocers ...	...	54
Sweets, etc. ...	...	17
Confectioners ...	...	10
Chemists ...	...	4
Cafes ...	...	4
Canteens ...	...	2
Licensed Premises...		20

## MILK AND DAIRIES REGULATIONS

The urban district is a specified area and all milk sold is either tuberculin tested or heat treated. Set out below is a list of Licences issued during 1959:—

Designation	Type of Licence	
	Dealers	Supplementary
Tuberculin Tested Milk ...	10	...
Pasteurised Milk ...	12	...
Sterilised Milk ...	14	...

Six dairies are registered under the above provisions and on inspection have always been found to be clean and in good repair.

## PREVENTION OF DAMAGE BY PESTS ACT

The following table gives details of the work carried out under the provisions of the above Act. Most of the farmers and smallholders in the area have entered into contracts with a local Pests Destruction organisation which carries out very useful work in the area.

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agricul- tural
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Columns (1), (2) & (3)	
I. Number of properties in Local Authority's District	9	4,841	192	5,042	34
II. Number of properties inspected as a result of :					
(a) Notification ..	—	52	4	56	—
(b) Survey under the Act	9	161	15	185	9
(c) Otherwise (e.g.— visited primarily for some other purpose)	—	302	33	335	18
III. Total inspections carried out—including re-inspec- tions .. ..	18	471	51	620	36
IV. Number of properties in- spected (in Section II) which were found to be infested by :					
(a) Rats { Major ..	1	—	—	1	—
{ Minor ..	4	62	11	77	9
(b) Mice { Major ..	—	—	—	—	—
{ Minor ..	—	10	5	15	3
V. Number of infested prop- erties (in Sect. IV) treated by the L.A. ..	5	72	4	81	2
VI. Total treatments carried out — including re-treat- ments. .. ..	41	88	10	139	6

## CLEAN AIR ACT, 1956

The only industrial chimney in the area is the one at Allerton Bywater Colliery which, at one time was a constant source of pollution. However, as reported previously, this colliery has been fully electrified and no further trouble has been experienced from this source as the only remaining steam raising plant is a small unit in connection with the pit-head baths.

Very little progress has been made in the abolition of domestic smoke, and as this is a mining community, there seems to be little chance of improvement until the vexed question of miners' concessionary coal is resolved. The Council have, however, adapted all their own civic buildings to smokeless fuel burning appliances, and have agreed to the adoption of a model building byelaw under Section 24 of the Act, the purpose of which is to secure that domestic appliances in new buildings are of types which can be operated without smoke.

## REFUSE COLLECTION AND DISPOSAL

Once again it is gratifying to record that a very regular refuse collection service was maintained throughout the year, all dustbins being emptied at weekly intervals. The change in the type of coal supplied to miners has proved beneficial to the Department and has resulted in a great reduction in the amount of slate and dross requiring to be removed.

The problem of tipping space in the Kippax area is now becoming serious as the present tip at the old Sewage Works will soon be completed. Unless another suitable tipping site can be obtained it will be inevitable that refuse will have to be transported to Allerton Bywater or Garforth, thus lessening the collection time. If this method has to be adopted the Council will have to consider purchasing larger types of refuse vehicles in order to cut down the number of journeys to the tip.

This year it has been possible to give a very satisfactory service with the same labour force and the same vehicles, but it will be apparent to the Council that if the present high standard is to be continued in the future, there will certainly have to be an increase, as during the next year or so Garforth is planned to increase very extensively.



Salvage has continued throughout the year and despite a reduction in prices obtainable the income is still worthwhile, and certainly it is far more economical to collect and bale waste paper than to deal with it on the tips.

The following table gives details of Salvage during the year:—

		Tons	Cwts.	Qrs.	Lbs.		£	s.	d.
Waste Paper	...	57	0	3	0	...	370	14	10
Rags	...	7	8	0	23	...	111	2	11
Aulminium	...		7	0	4	...	41	8	8
Brass	...		3	1	3	...	17	10	5
Lead	...		1	1	21	...	4	13	3
Scrap Iron	...	4	11	0	0	...	34	5	6
							<hr/>		
							69	11	2
							23	...	...
							<hr/>		
							579	15	7
							<hr/>		

In conclusion may I thank the Chairman and Members of the Council, and in particular the Chairman of the Public Health Committee for their continued help and support during the year. To the senior officers of the Council, particularly the Medical Officer of Health, may I record my thanks for their advice and co-operation. Above all, however, I must place on record my appreciation of the services of Mr. Cockerham, the Additional Public Health Inspector, for his loyal and expert services, and without whose help the year's results could not have been achieved.

I am, Mr. Chairman and Members,

Yours faithfully,

R. A. NAYLOR,  
Public Health Inspector.





